Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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From:

Account Name : NOGA CONTRACTORS, INC.

Account Number: 105670003336 Phone

: (305)556-4282 Fax Number (305)821-3376

MELROSE DEVELOPMENT CORPORATION

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Secretary of State

July 9, 1999

MELROSE DEVELOPMENT CORPORATION 901 FONCE DE LEON BLVD. SUITE 701 CORAL GABLES, FL 33134

SUBJECT: MELROSE DEVELOPMENT CORPORATION

REF: P97000009165

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Karen Gibson Corporate Specialist FAX Aud. #: H99000016799 Letter Number: 799A00035697

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGE: OR BOTH FOR CORPORAL JNS

the State of Flo	rida.	o change its registered office or registered agent,
1. The name of	f the corporation is:	SE DEVELOPMENT CORPORATION
2. The mailing	address of the corporation	s: 2189 WEST 60 STREET SUITE 205
4		HIALEAH, FLORIDA 33016
3. Date of inco	rporation/qualification: 01	/30/97 Document number: P97000
4. The name an	ed address of the current reg	istered agent and office:
	FRANK J SEGREDO,	ESQ.
	901 PONCE DE LEON	BLVD. SULTE 701
	CORAL GABLES, FLO	RIDA 33134
5. The name an		RIDA 33134 cred agent and office: (P. O. Box Not Acceptable) ET SUITE 205
	JOSE E. FANO	SS X
	2189 WEST 60 STRE	ET SUITE 205
	HIALEAH, FLORIDA	
agent, as chang	ess of its registered office : sed, will be identical.	and the street address of the business office of its r
Such change wanthorized by the	as authorized by resolution he board.	duly adopted by its board of directors or by an of
/01	X	07/09/99
	of an officer, chairman or vice chaire. FANO, VICE PRESIDEN	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
·	(Printed or typed name and ri	Ne)
Having been na corporation, I k I further agree to performance of registered agen	med as fesistered agent as sereby accept the appointm to comply with the provision my duties, and I am famili t.	nd to accept service of process for the above states ent as registered agent and agree to act in this ca ms of all statutes relative to the proper and compl ar with and accept the obligation of my position a
	ionnu - A D	07/09/99
s igning on behali	ignature of Registered Agent) f of an entity:	(Date).
	yped or Rringed Name)	(Capacity)
(-		

Hialeah, Florida 305-556-4282

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